

DEC 27 2004

S/N 10/799,846

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	RAINEY ET AL.	Examiner:	T. MAYO
Serial No.:	10/799,846	Group Art Unit:	3671
Filed:	MARCH 12, 2004	Docket No.:	3616.237USC3
Title:	SEGMENTAL RETAINING WALL SYSTEM		

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this paper is being transmitted by facsimile to: Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450 on December 27, 2004.

By: 

Name: KATE GANNON

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action mailed September 29, 2004, Applicants provide the following.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 9 of this paper.

01/05/2005 EKEY11 00000001 132725 10799846

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10/799846 9846

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	1	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	23	20	3
Independent	2	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$9=	
43	
145	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
86	
290	
+270=	
TOTAL	770.00

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	150.00
X80=	
+270=	
TOTAL	150.00

RATE	ADDITIONAL FEE
X\$9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	